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ABSTRACT

The author clarifies, in a memorium address, how he experiences phenomenological ideas and how they apply to therapy and supervision. The phenomenological method called "epokhe" is defined as the "suspension of preconceptions" or "judgments" concerning a series of events, and, as a result, the achievement of greater clarity in experiencing those events. Changing or suspending feeling reactions is viewed as central to therapeutic effectiveness. This is the purpose of epokhe--to eliminate blinders in order see phenomena freshly. Discussion centers on specific therapeutic and practicum experiences where epokhe can be exercised. The author also relates how a person learns to suspend judgments by first intending or wanting to experience differently. From a phenomenological perspective, meaning emerges as one focuses on experience. As the experience is described and entered, the confusion and meaninglessness drops away, and structures beneath it or within it become apparent. (Author/PC)

CROSSCURRENTS: PHENOMENOLOGY AND FOND MEMORIES OF BILL KELL

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When I received a letter requesting possible papers for this program, I sat down and began to write a series of memories concerning Bill Kell and some of my own theoretical notions. I would like to share the results with you. I think they clarify how I experience phenomenological ideas and how they apply to therapy and supervision. I think they demonstrate some of what Bill meant to me, how I heard what he had to say and how he lives on in me, modified in the context of my own thinking and therapeutic work.

I first met Bill in 1967 when I sought him out because I was terrified. One of my clients began talking about a visual image similar to one I had struggled with during my own therapy. I was frightened. Many extreme feelings flooded through me. I haven't changed! Can I help my client? I'll never make it through the clinical program! As I first talked with Bill I mostly remember crying, feeling helpless and lost, followed by a startling shift to clarity and sureness. I realized that I was not my client, that I had resolved these conflicts and, as a result, felt confident about returning to the therapeutic relationship effective.

After my earliest memory of Bill my thinking turned to issues more relevant to this program and the paper I would be writing.

Only a few weeks before Bill died, he suggested that I expand some of my theoretical notions derived from the phenomenological method called "epokhe." I thought it would be fitting to expand the idea for this paper; though I was not sure how to do so. "Epokhe" means the "suspension of preconceptions" or "judgments" concerning a series of events and as a result the achievement of greater clarity in experiencing those events.

Epokhe allows a person to gain distance from or perspective on an experience, and, at the same time, to change in relation to it. As a person describes an experience, the immediate experience can change from one of involvement to distance. From a strictly philosophical perspective, this might entail the attempt to suspend one's belief in the existence of the physical world. From a clinical perspective, approaching another person as either therapist or researcher entail a set of preconceptions which may differ from one another. As "therapist" I may see the person's struggles and feelings; while as "researcher" I may see possible measures, hypotheses and experimental designs. I use epokhe to change from one perspective to another since the change involves a suspension of certain preconceptions and ways of thinking involved in the first perspective. As a further example, when I am with my friends and family I generally do not think and approach people as a therapist. Approaching people therapeutically is suspended. Although there are clearly some facets of experience which remain common, eahh mode of experience, to an extent, involves the suspension of specific preconceptions entailed in other modes of experiencing. The objectivity attributed to the therapist entails a suspension of judgments or preconceptions, allowing the therapist to "see" or "experience" the client without conceptual blinders. A theoretical committment

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can "blind" just as readily as "moral" attitudes or other preconceptions.

Despite this beginning I felt stuck in expanding it further. Perhaps the most relevant notion to pursue was how a person suspends. What are the processes whereby a set of assumptions are "dropped" and the phenomena experienced freshly? I was at a loss; and discovered memories of Bill returning.

I experienced Bill as almost continually in touch with his feelings. He asserted that feelings were facts. They could not be avoided. They could be experienced and lived through . . . nothing else. Not to accept feelings or to attempt to banish them was not only foolhardy, but unrealistic. Consequently, I was surprised when he said once in practicum that "our greatest tool as therapists is being able to change our feelings." I didn't understand this at the time and for some reason never asked him to explain it. I often felt as if what Bill said was clear and obvious and only later, when it filtered back, I realized I had not understood completely and would mull on it.

As I now understand this, however, I feel Bill meant that as therapists we are often caught up in a person's neurotic pattern of interaction and, as a result, become filled with feeling experienced as real but also as confusing and in some ways as inappropriate. Our greatest tool, then, is to be able to change these feelings and, as a result, free ourselves from the neurotic entanglement. Neurosis is maintained by engendering repetitive patterns of affective interaction with others. Our task, as therapists, is to counter these patterns.

I recapture a rather fond picture of Bill sitting, legs crossed at the ankles, hands folded in his lap, partly slouched in his chair, chin jutting out slightly, eyes closed . . . and occasionally nodding with the hint of a grunt, as he understood something. And inside his head a wealth of imagery informed him, seemingly unerringly, about what was going on. His use of imagery freed me up to risk trying it myself, and more deeply rely on whatever occurs inside me.

As I reflect on my memories, I am startled as I realize that these three memories are examples of epokhe.

Let us return to the original statement about epokhe. It involves the suspension of judgments or preconceptions concerning anything. My terror dropped out when the set of preconceptions on which it was based changed. Bill asserts that changing or suspending our feeling reactions is central to therapeutic effectiveness. Bill's use of imagery allowed him to detach himself from a situation while at the same time remain in touch with it. To change feelings or to use imagery frees us from the constraints of the situation and allows us to gain a fresh perspective. This is exactly the purpose of epokhe -- to eliminate blinders in order to see phenomena freshly. By removing blinders, we are able to see phenomena as they are and to respond to them anew, without preconceptions. I am once again amazed at how implicit structures in experience emerge in response to situations.

After a short interval my memories resume. I return to the practicum, with Bill sitting and waiting. Most of our practicums started with silence. Bill would do nothing actively. He waited. One of us would begin talking and then interaction would slowly start. He never said, "It's up to you," he lived it out. His behavior "said" that as far as he was concerned we could do whatever we wanted. We did not have to get to work. But then we could also go as deep or as far

ranging as we wanted. Significant for me was the learning that we are all responsible for what we do. I am responsible for me and you are responsible for you. There was never any confusion. But there was to me an even more fundamental message: "Don't talk, do!"

My memories turn back to the practicum experience. I remember Bill teaching only once. He discussed the difference between feelings and feeling states. As I now understand the distinction "feelings" include all those very real feeling responses to situations which most of us experience. . . anxiety, fear, anger, grief and so on. A chronic, diffuse feeling which permeates a person's experience is a "feeling state." There is little differentiation, articulation, or responsiveness to specific situations. The feeling state acts as a defense against specific and articulated feelings. Experience is flux: changing and fluid. Experiences and feelings which do not change are somehow held tightly and kept static. A state of chronic depression or hostility or guilt or apathy fits this paradigm nicely. Through these states the person avoids the rich and ever changing flow of experience and feeling. I wonder whether alcoholics and people who resort to the chronic use of other drugs establish for themselves feeling states. In other words, the "drugged state" is one in which the flux of experience is truncated or avoided in a rather massive fashion. As soon as a person begins to experience more richly the necessity for this defense evaporates. My memories continue.

I remember one of the other practicum students discussing sexuality. As he talked, it became clear to me that he was struggling with his own sexual identity. I recall feeling very unsure as to what to say and did nothing. Other group members responded -- though I do not remember how. Bill began to talk about some early memories of his Dad. He remembered as a very young boy accompanying his Dad while he did his morning chores: sitting near on some hay while his Dad milked the cows. As his Dad did his chores, he would reminisce -- talk about his early memories and what was important to him. This stuck with significance in Bill's memories; though he wondered for many years as an adult why he remembered it so clearly, with such significance and such fondness. He never really understood this till much later when he realized that one of the major ways in which identification came about was through open and close communication between the child and the same sex parent. I never felt sure whether Bill consciously chose to do what he did or whether he did a lot from hunches or his immediate reactions. This was one of those situations. The beauty of his comment was that he did the very same thing he was describing. . . sharing his personal memories in a way which would allow identification with him. He lived out the interpretation in the interaction.

I realize that my memories are turning from specifics to meanings and lessons which lodged in me with significance. And I next discover the repetitive message that effective therapy occurs within the interaction between therapist and client. Interpretation, in and of itself, is quite meaningless. Rather one lives out with the person different consequences. For some reason, this brings to mind learning to accept <u>all</u> my experiences. No feeling or thought or observation is irrelevant. All occur in the context of the relationship . . . and as long as I have enough guts to look at all of these experiences I can use them to help this person, myself and the relationship change. As I focus my thinking on interactive experiences, I begin to think about specific patterns of therapist-client interaction. One pattern which I found especially pertinent for myself in the past and in supervising students now is what I call the "responsibility jag."

The "responsibility jag" can have various facets. It could be that the therapist feels the client should do this or should not do that. . . and as a result attempts to move the client to coming on the idea spontaneously or subtley tries to suggest certain courses of action. It also could entail a feeling of responsibility when the client feels a specific way. This becomes especially critical when a client is in acute crisis--filled with fear, helplessness, despair and so on. At this point, the therapist might feel "I have to do something. I have to help the client get rid of these terribly painful feelings." And then begins to work to do so, to demonstrate, for example, that the client is, in fact, not helpless. Or the therapist could attempt through reassurance to show the client that he need not feel so terrible. I could elaborate with more examples, but the essence is that this type of person engenders feelings that somehow other people should be responsible for him and for his problems' resolution. What I am not capturing is the extent to which the therapist feels impelled to carry out these measures. He "is" responsible for the ways the client feels, and, therefore, must "do" something to help the client change these feelings. Very often in this set of interactions the therapist will soon begin to feel ineffective, frustrated, and probably inadequate. . . engendering in him some of the very same feelings his client possesses, and perhaps leading him to try even harder to change the client. I experience this frustration as "working my ass off." I am often sitting forward in my chair. Or my head is straining forward--as if I am tugging on something behind me. Suddenly I notice my frustration, my effort, my ineffectualness. And I laugh or smile and sit back in my chair. My work has been done. Now my task is keeping out of the entanglement. I am free of it for a moment--but if I am right I can anticipate that my client will attempt to rope me back in.

I recall one supervisee who was having great difficulty confronting his client with the neurotic and self-defeating aspects of his behavior. As we pursued this it became clear that my supervisee was afraid to induce pain or to do anything which might engender pain in his client. He said, "I have never seen anger do any good." I knew what I had to do to help free my supervisee; but I became anxious as I realized what should follow. I derided him. I pointed out the most minute behaviors which were defensive. I was uncompromising. Soon he became so surprised, angry and hurt that he left the room. . . one of the consequences, by the way, that he was afraid would happen with his own client. In a short while he returned, crying. "I'm no longer angry with you," he said. "Well, I'm angry with you. You cheated me out of a resolution by leaving." A few sentences later, my supervisee indicated that he was still very angry with me--for the first time ever showing it in his voice and behavior. We returned to talking about his client, and when he role played a confrontation he was direct and clear and uncompromising.

I reflect back to my original task of expanding how epokhe works, how a person suspends judgments. What are the processes whereby a set of assumptions are "dropped?" As I think back, I first of all realize that I am right now suspending preconceptions. I have stopped letting my thoughts run, stepped back and looked inquiringly at them for meaning. Thus my intention to free-associate changes to an intention of inquiry or detached curiosity. The first step then is to intend or to want to experience differently. However, the intention seems to include the committment to notice assumptions or underlying patterns or structures. As these assumptions or judgments enter awareness I doubt them or am skeptical of them. The intention to doubt or to question puts distance between me and these assumptions, keeping me from being wholely taken up in my usual style of reacting. The doubt and questioning leads me to look again at the experiences underlying the assumptions and as I do so the preconceptions with which I initially approached them have changed and my experience changes accordingly. I feel relieved. I have accomplished my task.

From a phenomenological perspective meaning emerges as we focus on experience. As it is described and entered, the confusion and meaninglessness drops away and structures beneath it or within it become apparent. As I knew him, Bill lived this. One of the deepest lessons I learned was to let events take place, living them through, knowing that their meaning would eventually become clear and usable in ways which were initially obscure and hidden: in other words, to trust and to use myself--this was the deepest lesson.